Application or Docket Number

| Effective October 1, 2001  |  |   |                   |              |                              |                  |                 |                   |                        |          |                            |                        |
|--|--|---|-------------------|--------------|------------------------------|------------------|-----------------|-------------------|------------------------|----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                   |              |                              |                  |                 | SMALL ENTITY TYPE |                        | OR       | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   | 27                |              |                              |                  | RA              | TE                | FEE                    | 1        | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED      |              | NUMBER EXTRA                 |                  | BASI            | FEE               | 370.00                 | OR       | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | タチ minus 20=      |              | *7                           |                  | X\$             | 9=                |                        | OR       | X\$18=                     |                        |
| IND  | EPENDENT CL                                    | 2 minus 3 = * ¢                           |                   |              |                              | X4               | 2=              |                   | OR                     | X84=     |                            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                   |              |                              |                  | +14             | 0=                | <u> </u>               | OR       | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                   |              |                              |                  | TO              |                   |                        | OR       | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                   |              |                              |                  |                 |                   | <u> </u>               | 1        | OTHER                      | ΤΗΔΝ                   |
| (Column 1) (Column 2) (Column 3)   |  |   |                   |              |                              | SMALL ENTITY     |                 |                   | OR                     | SMALL    |                            |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA              | TE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **           |                              | =                | X\$             | 9=                |                        | OR       | X\$18=                     |                        |
|  | Independent                                    | *   | Minus             | ***          | <del>-</del>                 | =                | X4              | 2=                |                        | OR       | X84=                       |                        |
| L  | HRST PRESE                                     | NTATION OF MI                             | JLTIPLE DEF       | ENDEN        | I CLAIM                      |                  | +14             | 0=.               |                        | OR       | +280=                      |                        |
| Ti ADDIT   |  |   |                   |              |                              |                  |                 |                   |                        | OR       | TOTAL<br>ADDIT. FEE        | <u>.</u>               |
| (Column 1) (Column 2) (Column 3)   |  |   |                   |              |                              |                  |                 |                   |                        | •        | ADDII. I EE                |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA              | ΓE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **           |                              | =                | X\$             | 9=                |                        | OR       | X\$18=                     |                        |
|  | Independent                                    | *   | Minus             | ***          |                              | =                | X4              | 2=                |                        | OR       | X84=                       |                        |
| L  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF       | ENDEN        | CLAIM                        |                  | +14             | 0=                |                        | OR       | +280=                      |                        |
|  |  |   |                   |              |                              |                  | ADDIT           | TAL<br>FEE        |                        | OR       | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)<br>CLAIMS                      |                   |              | mn 2)<br>HEST                | (Column 3)       | 1 —             |                   |                        | l i      |                            |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | PREVI        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | RA <sup>*</sup> | ΓE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus             | **           |                              | =                | X\$             | 9=                |                        | OR       | X\$18=                     |                        |
|  | Independent                                    | *   | Minus             | ***          |                              | =-               | X4:             | 2=                |                        | OR       | X84=                       |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |              |                              |                  |                 |                   |                        |          |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                      |  |   |                   |              |                              |                  |                 |                   |                        | OR       | +280=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                   |              |                              |                  |                 |                   |                        |          |                            |                        |
|  | The "Highest Nun                               | nber Previously Pa                        | id For" (Total or | Independ     | dent) is the                 | e highest numbe  | er found in t   | ne ap             | propriate box          | c in col | umn 1.                     |                        |

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